

**Huntsville Memorial Hospital
Financial Assistance for Walker County Indigent Care Program
Application for Appeal – Attachment F**

IF YOUR REQUEST FOR UNCOMPENSATED SERVICES HAS BEEN DENIED, YOU MAY APPEAL WITHIN THIRTY (30) DAYS AFTER THE DIRECTOR OF SOCIAL SERVICES HAS MAILED YOU THE NOTICE OF DENIAL OF APPLICATION. THE APPEAL MAY BE MADE BY THE INDIVIDUAL REQUESTING THE UNCOMPENSATED SERVICES OR THE MEDICAL FACILITY THROUGH WHICH THE MEDICAL CARE WAS PROVIDED OR WILL BE PROVIDED. YOUR APPLICATION SHOULD BE ADDRESSED TO THE HOSPITAL CFO.

NAME OF PERSON OR MEDICAL FACILITY APPEALING _____

ADDRESS _____ PHONE _____

DATE OF REQUESTED SERVICES _____

DATE OF DENIAL OF APPLICATION _____

DATE APPLICATION FOR APPEAL WAS MADE _____

***STATE GROUNDS ON WHY APPEAL IS BEING MADE AND EXPLAIN WHY YOU BELIEVE THE APPLICATION FOR ELIGIBILITY HAS BEEN DENIED.**

***GIVE SOME SUPPORTING DOCUMENTATION THAT YOU BELIEVE IS RELEVANT TO THE DETERMINATION.**
